PRINTED: 08/07/2017 FORM APPROVED

Division of Health Care Facilities							
STATEME		1 OINW	APPROVED				
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	SURVEY	
			A. BUILDING:		COMPLETED		
		THREES					
		TN0503	B. WING		07/2	6/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE		9772072017		
KINDREI	O NURSING AND REH		TH ST BOX				
		MARYVIL	LE, TN 378				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES					
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	nea I	(X5)	
			TAG	CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
				DEFICIENCY)		į	
N1501 1200-8-615 Nurse Aide Training and				This Plan of Correction is the center's credi	ble		
}	Competency Evaluation			allegation of compliance.		1	
	A41		·]	Dunmayatian media anomitian atal a discreti and a commentarion at			
	All nurse aide trainir	ng programs must comply		Preparation and/or execution of this plan of correction does not constitute admission or agreement by the			
	with the federal nurs	se aide training and		provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of			
:	competency regulat	ions, promulgated pursuant to				1	
	the Omnibus Budget Reconciliation Act of 1987, and with federal labor laws, including but not limited to minimum age requirements. Copies of these regulations may be obtained from the			correction is prepared and/or executed solely because it is required by the provisions of federal and state law.			
i							
ļ				1200-8-6-,15 Nurse Aide Training a	and . 08/	08/14/2017	
į				Competency Evaluation			
	department.						
				All nurse aide training programs mu	ıst ·		
				comply with the federal nurse aide t		l	
•				and competency regulations, promu			
	This Rule is not me	t as avidenced his		pursuant to the Omnibus Budget			
]	Based on interview	the facility failed to provide		Reconciliation Act of 1987, and wit	h federal		
	textbooks free of ch	arge to Nurse Aid (NA)		labor laws, including but not limited	i to		
ŀ	trainees employed by the facility in the Nurse Aid			minimum age requirements.			
	Training program (N	AT) for 3 of 8 trainees.		l			
i				Systemic Changes:		İ	
	Interview with NA in	training #1 on 7/25/17 at 5:37			Misens		
ŀ	PM, in the conference	ce room, confirmed the		All monies collected from current		ì	
	trainee was required	to pay for the NAT training		Aides in Training was refunded. The	ne nuise		
	textbooks while enro	olled in the NAT program.		Aide Training Coordinator was edu federal regulations which prohibits	cated on		
ľ	Imbamiladet ata			Nurse Aids in training for any porti	on of the	ľ	
	DM in the ac-4	training #2 on 7/25/17 at 5:47		program including text books,	OH OF HIC	ļ	
	trained was sequired	ce room, confirmed the		i program monumiz text sooks,		1	
	enrolled in the NAT;	to pay for textbooks while		Monitoring Measures:			
	omoned in the NAT	program.		intotting interest es			
	Interview with NA in	training #3 on 7/25/17 at 5:49		The Administrator will monitor all	Nurse	l	
	PM, in the conference	ce room confirmed the trainee		Aid Training classes held to assure		ĺ	
	was required to pay	for textbooks while enrolled	ĺ	trainee has been required to pay for	•	1	
1	in the NAT program.			textbooks. These results will be re-	viewed at		
	• •			Regular Scheduled Performance		İ	
-	Interview with the Nu	ırse Aid Training Coordinator		Improvement Committee meetings			
on 7/26/17 at 8:32 AM, in the conference room				Attendees at these meetings include		i	
	confirmed the Nurse	Aid training students were		Administrator, Director of Nuses,		ļ	
1	required to pay for th	e nurse aid training	^	Director, Business Office Manager	•		
i	textbooks while enro	lled in the NAT program at		1	1		
	alth Care Facilities					J	
BORATORY	RIRECTOR'S OR PROVIDE	RISUPPLIER REPRESENTATIVE'S SIGN.	ATURE	/ ATTLE \		(6) DATE	

Donna D. Hammontree

Executive Greator

2 IN LIME	n of Health Care Fac INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DAT	FORM APPROV (X3) DATE SURVEY COMPLETED	
		TN0503			1		
NAME OF PROVIDER OR SUPPLIER STREET AD			DDRESS, CITY, STATE, ZIP CODE		07/26/2017		
(INDRE	D NURSING AND REF	IABILITATION, FA 307 N FIR	TH ST BOX	5477			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHO FAG CROSS-REFERENCED TO THE APP		O(1) D D = \ \(\sigma^2\)	
N1501	the facility. Further ordered the books a workbook/handbook different book this ti confirmed the facility Nurse Aids in trainin program which inclusions with the Action PM, in the confirmed the facility Nurse Aids in the Action PM, in the confirmed with the Action PM, in the confirmed the facility Nurse Aids in the confirmed with the Action PM, in the confirmed the facility Nurse Aids in the confirmed with the Action PM, in the confirmed with the Action PM.	interview confirmed, "We and the student's paid for the k because we had to use a me" Continued interview y failed to prohibit charging g for any portion of the ided fees for textbooks. Imministrator on 7/26/17 at the ide textbooks free of charge	N1501	Admissions Director, Medical R Supervisor, Social Services, Act Certified Culinary Manager, Ast Director of Nurses, Case Manag Coordinator and Plant Operation Supervisor.	ecords ivities, sistant		
_	th Care Facilities			•	1		